Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Operator

P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION	V
TO TRANSPORT OIL AND NATURAL GAS	

Giant Exploration 8	iction	Compa		30-045-28384						
Address			07/	20 /5	05) 206 2205					
P.O. Box 2810, Farm	mingto	n, N.M	. 8/49	19 (5	05) 326-3325 Other (Please explain	in)				
Reason(s) for Filing (Check proper box) New Well		Change is	Tennence	der of	Outer (1 tease explain	u.,				
Recompletion \square	Casinghe		Conden	_						
Change in Operator	Campne	id Oas	Conoch	SAIR []						
and address of previous operator										
II. DESCRIPTION OF WELL.	AND LE		15			1 101 1	61	Lcase No.		
Lease Name	Well No. Pool Name, Includir						Lease Federal or Fee	1		
}	bisti coal 6 1 basin Fruitland coal SF 0/8056									
Location								,		
Unit LetterG	_ : <u>_</u>	720	_ Feet Fre	om The	N Line and 16	50 Fo	et From The	ELine		
Section 6 Township	2.5	N	Range	12W	, NMPM, S	an Juan		County		
III. DESIGNATION OF TRAN	ייים מיים	מארט מא	NT ANI	ח אאינוו	RAT GAS					
Name of Authorized Transporter of Oil		or Condo			Address (Give address to wh	ich approved	copy of this form	is to be sent)		
The strict of th					, • • • • • • • • • • • • • • • • • • •					
Name of Authorized Transporter of Casing		or Dry	Address (Give address to which approved copy of this form is to be sent)							
Giant Exploration	-	luctior	-		P.O. Box 2810, Farmington, NM					
If well produces oil or liquids,	Unit	Sec.	Twp.		Is gas actually connected?	When		:		
give location of tanks.	i.			Ĺ	No					
If this production is commingled with that if	from any o	her lease or	p∞ol, giv	e commingli	ng order number:					
		Oil We	11 · C	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v		
Designate Type of Completion		1		X	X	<u></u>	<u> </u>			
Date Spudded	Date Con	ipl, Ready I	o Prod.		Total Depth		P.B.T.D.			
11-9-90	- 90 11 - 28 - 90				1300' 1237.65'			37.651		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing I	ormation		Top Oil/Gas Pay		Tubing Depth			
6185' GLE	Basal Fruitland Coal			Coal	1124'		1147'			
Perforations							Depth Casing S	hoe		
1124'-1148'							<u> </u>			
		TUBING	, CASIN	NG AND	CEMENTING RECORI	<u>D</u>	,			
HOLE SIZE	CASING & TUBING SIZE			SIZE	DEPTH SET			SACKS CEMENT		
8-3/4"		7	11		134.43'		60 sks			
6-1/4"	4-1/2"				1297.65'		140 sks			
		1.	-1/2"		1147					
							<u> </u>			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE							
OIL WELL (Test must be after re	ecovery of I	otal volume	of load o	oil and must	be equal to or exceed top allo	wable for thi	s depth or be for j	full 24 hours.)		
Date First New Oil Run To Tank Date of Test					Producing Method (Flaw, pump, gas lift, etc.)					
	Date I had I to I had I ha									
Length of Test	gh of Test Tubing Pressure				Casing Pressure	453 3 6	Choke Size			
	di Oi Tess					- 0.400				
Actual Prod. During Test	Oil - Bbls				Water - Bbls. JAN	1 4 139	Gas- MCF			
	J., 2013	-			All A	ONI I	NV			
					UIL G	O 14.	<i>21</i> ♥ 6			
GAS WELL	-,, ;;	6			Bbls. Condensate/MMCF	ust. 3	Gravity of Con-	ionsale		
	ual Prod. Test - MCF/D Length of Test					,	خوب			
206	:24 hrs Tubing Pressure (Shut-in)			N/A Casing Pressure (Shut-in)		Choke Size	/A			
Fosting Method (pitot, back pr.)						1/2"				
19				53		1	14			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAN	ICE		ISERV	ATION D	MOISIN		
I hereby certify that the rules and regul										
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					1	, t	EB 1119			
is true and complete to the best of my l		Date Approved	d							
(),		Ocional	Original Signed by FRANK T. CHAVEZ							
Samuel Jenne					By					
Signature Aldrich L. Kuchera President					SUPERVISOR DISTRICT #3					
Printed Marie 1 1991	Title	Title SOPERVI								
<u></u>	(50		-3325							
Date		10	lephone N	N.,		alter to be to the state of	andress is protoner disease at the s	gase Garbagos vertes (Sec. 18.4) (19.4) (19.5)		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.